CERTIFICATE OF DEATH

MARYLAND

Name in Full: Susan A. Allen

Died at: Town: Silver Hill; County: Pr. Geo.

Date of death 1904: Month: 12; Day: 3

Age: Years: 85; Months: 10; Days:

Sex: Female; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Widow; Occupation: —

Name of Wife or Husband: " of the late James Allen

Father's Name: — ; Father's Birthplace:

Mother's Maiden Name: — —; Mother's Birthplace:

Nama of person giving In formation: Robert Allen; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility 454; How long: 3 yrs

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rosecroft Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Frances Bland Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reeves; County: Prince Geo.

Date of death: 1904; Month: Dec; Day: 25; Age: Years: —; Months: 6; Days: —

Sex: Female; Color or Race: white; Birthplace: M. d.

Occupation: —; Where Residing if not at place of death: at Place of Death

Married, Single or Widowed: single; Name of Wife or Husband: — —

Father's Name: James B Blanford; Father's Birthplace: M. d.

Mother's Maiden Name: Josefuine J Blanford; Mother's Birthplace: M. d.

Name of person giving information: Father; How related to deceased: Parent

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronco-pneumonia; How long: 1 day

Immediate: —; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W Palmer MD

Address: Hyattsville Md

Accident or Suicide? Neither

LIBRARY BUREAU A88618

Name in Full: Charity Ann Bolden

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Broad Creek. — County: Pr Geo

Date of death 1904 — Month: 12 — Day: 14

Age — Years: 5 — Months: — Days: —

Sex: Female — Color or Race: Black. — Birthplace: Md.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: — —

Father's Name: Walter Bolden — Father's Birthplace: Md

Mother's Maiden Name: Maggie Gross — Mother's Birthplace: "

Name of person giving In formation: Walter Bolden — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria — How long: 4 days

Immediate: Toxaemia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson MD

Address: Rosecroft Md

~~Accident~~ or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: James Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville; County: Prince George

Date of death: 1904; Month: 12; Day: 10

Age: Years: about 28; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Virginia

Occupation: Messenger at Gas House

Where Residing if not at place of death: Avamore Pa.

Married, ~~Single~~ or ~~Widowed~~: Married

Name of Wife or Husband: Maggie Butler

Father's Name: James P Butler

Father's Birthplace: Virginia

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Pinkney Belt

How related to deceased: Father in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 4 Months

Immediate: Asthenia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Attending Physician says him for last 2 weeks.

Address: John E Sansbury, Forestville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66616

Name in Full: Jas Benj Butler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Blatensburg — County: Prs Geo Co

Date of death: Month: 12 — Day: 8 — 1904

Age — Years: 36 — Months: 2 — Days: 8

Sex: Male — Color or Race: Colored — Birthplace: Leonardtown Md

Occupation: Barber — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Silas Butler — Father's Birthplace: Leonardtown Md

Mother's Maiden Name: Sarah Cully — Mother's Birthplace: Leonardtown Md

Name of person giving information: Wm Ross — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lung — How long: 2 years

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo W Palmer MD

Address: Hyattsville Md

Accident or Suicide? Neither

LIBRARY BUREAU A88816

Name in Full: P. E. Cabell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tuxedo; County: Prince George

Date of death: Year: 1904; Month: Dec.; Day: 12

Age: Years: about 65; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Don't Know

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Don't Know

Name of Wife or Husband: Don't Know

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know

Mother's Birthplace: " "

Name of person giving information: Rev. F. M. Dickey

How related to deceased: " "

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Natural Causes 179

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Augustus H. Dahler J.P.

Address: Bladensburg Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66016

Name in Full: Nellie Marie Chittam

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodmore — County: Prince George

Date of death 1904 — Month: Dec — Day: 11 — Years: Age 3 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Charles Chittam — Father's Birthplace: Maryland

Mother's Maiden Name: Annie Chapman — Mother's Birthplace: Maryland

Name of person giving Information: Charles Chittam — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 6 Weeks

Immediate: Pulmonary Tuberculosis — How long: 3 Mos.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. R. Walker

Address: Halls, Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: John Speed Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mitchellville — County: Prince George

Date of death 190 4 — Month: Dec — Day: 30 — Age — Years: 68 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Charlotte Davis

Father's Name: John Davis — Father's Birthplace: Maryland

Mother's Maiden Name: not known — Mother's Birthplace: —

Name of person giving information: John L. Davis — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Brights Disease — How long: not known

Immediate: Dropsy — How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Walker M. D.

Address: Halls, Ind

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Irvin Ray Dennar

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near — Town: Z.B. — County: Po. Gen.

Date of death 1904 — Month: 12 — Day: 8

Age — Years: — Months: — Days: 10

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: x

Father's Name: John T Dennar — Father's Birthplace: Md

Mother's Maiden Name: Maggie E Richardson — Mother's Birthplace: Md

Name of person giving In formation: J. T Dennar — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup — How long: 3 days

Immediate: asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox

Address: Z.B.

Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John F. Devald

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Muirkirk — County: Prince Georges

Date of death: 1904 — Month: Dec. — Day: 24 — Years: 30 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Muirkirk

Occupation: — Where Residing if not at place of death: Muirkirk

~~Married~~, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Geo. Devald — Father's Birthplace: Muirkirk

Mother's Maiden Name: — Mistbrook — Mother's Birthplace: Muirkirk

Name of person giving In formation: Geo S. Franck — How related to deceased: Friend.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Killed by cars — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: T. Mills Brady M.D.

Address: Laurel Maryland

Accident ~~or Suicide~~? Accident

LIBRARY BUREAU ABBOTT'S

Name in Full: Unnamed child

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Halls — County: Prince Geo.

Date of death: 1904 — Month: Dec — Day: 23

Age — Years: — Months: — Days: 7

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Elsie Downes — Mother's Birthplace: Maryland

Name of person giving information: Ada Brooks — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malnutrition — How long: 7 days

Immediate: Malnutrition — How long: 7 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. R. Walker

Address: Halls, Md.

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full: Pearl. Franklin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annandale — County: Pr Geo.

Date of death 1904: Month: Dec. — Day: 31 — Age: Years: 1 — Months: 6 — Days:

Sex: Girl — Color or Race: Colored. — Birthplace: Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Philip Franklin — Father's Birthplace: Md

Mother's Maiden Name: Adelaide Hall — Mother's Birthplace: Md.

Name of person giving Information: Father P. Franklin — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 3 week.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J R Smith

Address:

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Julia Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bill; County: P.G.

Date of death: Month: Dec; Day: 29; 1904

Age: Years: 6; Months: ; Days:

Sex: Female

Color or Race: Black

Birthplace: P.G. Co. Md

Occupation: none

Where Residing if not at place of death: At home

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: Joseph Hawkins

Father's Birthplace: Md

Mother's Maiden Name: Julia Claggett

Mother's Birthplace: Md

Name of person giving information: Jos. Hawkins

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enlargement of liver

How long: 5 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John L. Loveridge

Address: Clinton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: T. Herbert

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Nottingham — (County): Pr. Georges

Date of death: Month: December — Day: 30 — 1904

Age: Years: 26 — Months — Days

Sex: Male — Color or Race: White — Birth-place: Calvert Co. Md.

Occupation: Clerk — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: M. J. Bryant

Father's Name: John C Herbert — Father's Birthplace: St Marys Co

Mother's Maiden Name: Martha Childs — Mother's Birthplace: Calvert Co Md

Name of person giving Information: Luther E. Whittington — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 year

Immediate: Paresis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Chaney M.D.

Address: Chaney, Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Holtzclaw

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville | County: Prince George

Date of death: 1904 | Month: Dec | Day: 5 | Age: Years — | Months — | Days —

Sex: Male | Color or Race: White | Birthplace: Md.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: Henry Holtzclaw | Father's Birthplace: Va.

Mother's Maiden Name: Sarah Beckley | Mother's Birthplace: Va.

Name of person giving In formation: Thomas Holtzclaw | How related to deceasad: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: S. | How long

Immediate: Still born. | How long

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: John E Lansbury

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel Cleveland Hook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Croom Sta. County: Pr Geo

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Dec	Day: 18	Age: Years: 20	Months: 1	Days: 9
Sex: Male	Color or Race: White		Birthplace: P. G. Co		
Occupation: Carpenter	Where Residing if not at place of death:				
Married, Single or Widowed: Single	Name of Wife or Husband:				
Father's Name: Samuel F Hook			Father's Birthplace: Pr Geo Co Md		
Mother's Maiden Name: Annie E Duley			Mother's Birthplace: " " "		
Name of person giving Information: J. P. Hook			How related to deceased: Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever	How long: 3 Weeks
Immediate:	How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W H Gibbons
	Address: Croom Md
Accident or Suicide?	

LIBRARY BUREAU A88816

Name in Full: John Sloan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annandale — County: Prince Geo Co

Date of death: Month: Dec — Day: 1 — 1904

Age: Years: 72 — Months: 5 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Teacher — Where Residing if not at place of death: Annandale

~~Married~~, Single or Widowed — Name of Wife or Husband

Father's Name: John Sloan — Father's Birthplace: Ireland

Mother's Maiden Name — Mother's Birthplace: Ireland

Name of person giving Information: Aloysius Scholz — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Asthma — How long: 2 years

Immediate: acute Bronchitis — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Ford

Address: Bennett Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Thomas B. Kinsston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bladensbury; County: Prince George's

Date of death: Month: Dec; Day: 22; 1904

Age: Years: 3; Months: 9; Days:

Sex: Boy

Color or Race: White

Birthplace: M. d.

Occupation: None.

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Thomas S Kinsston

Father's Birthplace: England

Mother's Maiden Name: Eva M. Stansbury

Mother's Birthplace: M. d.

Name of person giving Information: Father

How related to deceased: parent

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: Auto toxaemia — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D L Perry

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: David Lynn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyattsville; County: Pr. Geo.

Date of death 1904: Month: 12; Day: 28; Age: Years: 69; Months: 11; Days: 27

Sex: Male; Color or Race: White; Birth-place: Cumberland Md

Occupation: Clerk; Where Residing if not at place of death: —

Married, Single or Widowed: Widower; Name of Wife or Husband: Mary Lynn

Father's Name: John Galloway Lynn; Father's Birthplace: West River Md

Mother's Maiden Name: Mary Acheson; Mother's Birthplace: Wheeling W Va

Name of person giving Information: David Lynn Jr; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease; How long: Prob. 5 yrs.

Immediate: Edema + uraemia; How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lloyd Palmer M.D.

Address: Hyattsville Md

Accident or Suicide? Neither

LIBRARY BUREAU A8818

Name in Full: Eliza McCoy.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upperville / County: Prince Georges

Date of death: Month: Dec. / Day: 21 / 1907

Age: Years: 60 / Months: 0 / Days: 0

Sex: Female

Color or Race: Colored

Birthplace: Norfolk

Occupation: Servant

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Bettie Hurley

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Vitral incompensation — How long: 18 mo

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dwight Palmer MD

Address:

Accident or Suicide? Neither

LIBRARY BUREAU A86516

Name in Full

Certificate of Death

— McKenzie

Died at Town: Melwood County: Prince Georges MARYLAND

Date 19 04 Month 12 Day 1 | Age Y. 8 M. hours D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children living~~

Husband of Wife —

Father's Name Aden McKenzie | Mother's Maiden Name Joanna Kidwell

Cause of Death — Primary: Infantile Unknown — How long sick

Immediate — ~~Accident, Suicide, Homicide~~

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Reported by Marion D. McKenzie M. D.

Address Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70894

Name in Full: Maggie I. Mangum

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Chesapeake Junction County: P. George

Date of death 1904: Month Dec Day 21 Age Years 4 Months 4 Days 26

Sex: Female Color or Race: White Birthplace: Ind.

Occupation: Child Where Residing if not at place of death: At place of death

Married, Single or Widowed: single Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John T. Mangum Father's Birthplace: Ind.

Mother's Maiden Name: Martha Brown Mother's Birthplace: Ind.

Name of person giving Imformation: John T. Mangum How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 9 days

Immediate: Exhaustion How long: 2 "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. L. Lingo

Address: Benning D. C.

Accident or Suicide?

LIBRARY BUREAU A83518

Name in Full: Millie Marshal

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bowie; County: Prince Georges

Date of death 1904 Month: Feb Day: 10th

Age: Years: 76 Months: Days:

Sex: Female Color or Race: Colored Birthplace: Maryland

Occupation: — —

Where Residing if not at place of death: Bowie

Married, Single or Widowed: Widow Name of Wife or Husband: Hanson Marshal

Father's Name: Henry Johnson Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know Mother's Birthplace:

Name of person giving information: Mary E Williams How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of Heart How long: Six Mos

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Nelson A Ryon M.D.

Address: Bowie

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Madelene Moore

CERTIFICATE OF DEATH

MARYLAND

Died at: Rhodes Road — Town — P. G. — County — Co

Date of death 1904	Month Dec	Day 26	Years Age 9	Months	Days
Sex: Female	Color or Race: White		Birthplace		
Occupation: None		Where Residing if not at place of death			
Married, Single or Widowed: Single		Name of Wife or Husband			
Father's Name			Father's Birthplace: Md		
Mother's Maiden Name			Mother's Birthplace: Md		
Name of person giving Information			How related to deceased		

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria		How long: 10 days
Immediate: Membranous croup		How long: 3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: R. A. Pyle MD	
	Address: Anacostia DC	
Accident or Suicide?		

LIBRARY BUREAU

Name in Full: Matilda Ann Proctor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cedarneck | County: Wm. Geo.

Date of death: 1904 | Month: 12 | Day: 13

Age: Years: 87 | Months: 7 | Days: 4

Sex: female | Color or Race: Colored | Birthplace: Md

Occupation: Housewife | Where Residing if not at place of death:

Married, Single or Widowed: Widow | Name of Wife or Husband:

Father's Name: | Father's Birthplace: Md

Mother's Maiden Name: | Mother's Birthplace: Md

Name of person giving In formation: Sylvester Newman | How related to deceased: Not any

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malaria Bronchitis | How long: 5 days

Immediate: Strangulation from accumulation in Throat | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John A. Cox MD

Address: Z.B. Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Mary Rawlings.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nottingham, County: Prince Georges

Date of death: Month: 12 Day: 21 1904

Age: Years: — Months: 2 Days:

Sex: female

Color or Race: White.

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert F. Rawlings,

Father's Birthplace: Md

Mother's Maiden Name: Nettie Watson.

Mother's Birthplace: "

Name of person giving In formation: Jos. W. Rawlings

How related to deceased: none.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition).

How long:

Immediate: Exhaustion).

How long: since birth)

Are the name, age, sex, color. date and place correctly given above?

yes

Signature of Physician: acting Coroner William H. Squires J. P.

Address: Brandywine. Pr. Geo. Co. Md.

Accident or Suicide?

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LIBRARY BUREAU A66516

Name in Full — Certificate of Death

Marian M. Ridgeley.

Died at Town: Upper Marlboro. County: Prince George's — MARYLAND

Date 1904 Month: 12 Day: 15 | Age Y.: 42 M.: — D.: — | Native of: Md. | Occupation: Housewife.

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living: 6

~~Husband~~ / Wife of Charles E. Ridgeley.

Father's Name: S. M. Sweeney | Mother's Name: Smith

Cause of Death — Primary: Phthisis. | Immediate: | How long sick: 2 Years

~~Accident, Suicide, Homicide~~

Reported by Marion D. Stinnett, M. D.

Address Upper Marlboro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79883

Name in Full: Harry Martin Savoy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near (Town) Aquasco (County) Prince George

Date of death 1904 (Month) Dec (Day) 16 (Age) ~~Years~~ ~~Months~~ Days 21

Sex Male | Color or Race Mulatto | Birthplace Maryland

Occupation None | Where Residing if not at place of death at home

~~Married, Single or Widowed~~ | Name of Wife or Husband

Father's Name Robert Savoy | Father's Birthplace Maryland

Mother's Maiden Name Cinda Jane Smallwood | Mother's Birthplace Maryland

Name of person giving Imformation Robert Savoy | How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Feble child from birth | How long 3 weeks

Immediate Cold weather | How long One day after birth

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm A. Marbury M.D.

Address Aquasco Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Goldey M. Seschea

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laural; County: Prince Georges

Date of death: Month: Dec. 4; Day; 1904

Years: Age 16; Months; Days

Sex: Female

Color or Race: Colored

Birthplace: Laurel Md

Occupation: Worker in cotton mill

Where Residing if not at place of death: At place of death

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Edward Seschea

Father's Birthplace: Laurel

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Edward Seschea

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Delitalevia of heart

How long: 3 mo

Immediate: Heart failure of Uraemia

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Ammeler

Address: Laurel Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88810

Name in Full: John Alfred Sparks.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Laurel — County: Prince Geo.

Date of death: Month: Dec. Day: 22 1904 — Age: Years: 63 Months: Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer. — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Charlotte A Sparks

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Unknown. — Mother's Birthplace: —

Name of person giving information: John B Sparks. — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Abscess — How long: 10 months

Immediate: General Debility — How long: 3 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J R Kenly

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Maria Spriggs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bright Seat County: P. George

Date of death 1904: Month: Dec. Day: 5 Years: Age 38 Months Days

Sex: Female Color or Race: Colored Birthplace: Md.

Occupation: Housewife Where Residing if not at place of death: At Home

Married, ~~Single~~ or Widowed Name of ~~Wife or~~ Husband: Daniel Spriggs

Father's Name: Tobias Allen Father's Birthplace: Md.

Mother's Maiden Name: Matilda Jones Mother's Birthplace: Md.

Name of person giving Information: Daniel Spriggs How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suppurating dermoid cyst. How long: 20 months

Immediate: Asthenia How long: 10 hours.

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: L. S. Savage

Address: Benning D. C.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Josephine Stephenson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Upper Marlboro (County) P. G.

Date of death 1904 — Month 12 — Day 28 — Age — Years — Months — Days 3

Sex Male — Color or Race Black — Birthplace P. G. Co

Married, Single or Widowed — Occupation —

Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Benjamin Stevenson — Father's Birthplace —

Mother's Maiden Name Helen Wood — Mother's Birthplace P. G. Co

Name of person giving information Mary Wood — How related to deceased Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Don't Know — How long —

Immediate " " — How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician her + mark Mary Wood

Address Upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A38016

Name in Full: Mary Elizabeth Stevenson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Upper Marlboro | County: P. G.

Date of death 1904: Month: 12 | Day: 26 | Age — Years | — Months | 1 Days

Sex: Female | Color or Race: Black | Birthplace: P. G'ler

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benjamin Stevenson | Father's Birthplace: —

Mother's Maiden Name: Helen Hood | Mother's Birthplace: P. G'ler

Name of person giving Information: Mary Hood | How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know | How long: —

Immediate: " | How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: her Mary X Hood Grandmother mark

Address: Upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Hattie Tolson

CERTIFICATE OF DEATH

MARYLAND

Died at: Nottingham — Town: — County: Pr Geo

Date of death: 1904 Dec 27 — Month: — Day: — Years: — Months: — Days: —

Age: 29

Sex: Female — Color or Race: Colored — Birthplace: P. G. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: John Tolson

Father's Name: Samuel Runn — Father's Birthplace: —

Mother's Maiden Name: Anna Candle — Mother's Birthplace: —

Name of person giving information: Douglass Fleet — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: —

Immediate: Asthma — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Gibbons

Address: Crown md

Accident or Suicide?

LIBRARY BUREAU A66616